



2857

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 56335-017 (LTXL-117)	
Applicant(s): Organizational Name		Filing Date 09/863,178		Examiner Baran, Mary C.	
Serial No.		Filing Date 09/863,178		Group Art Unit 2857	
Invention: SYSTEM FOR METHOD OF PERFORMING DEVICE-ORIENTED TESTS					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	11 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1133 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;"><div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED APR 14 2003 TECHNOLOGY CENTER 2800</div><div style="text-align: center;">Dated: April 3, 2003</div></div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div> Signature Ronald R. Demsher, Reg. No.: 42,478 McDermott, Will & Emery 28 State Street Boston, MA 02109 (617) 535-4000 (tel.) (617) 535-3800 (fax)</div><div style="border: 1px solid black; padding: 5px; width: 300px;"><div style="text-align: center;"> Signature of Person Mailing Correspondence Erin M. Shea Typed or Printed Name of Person Mailing Correspondence</div></div></div></div>					
CC:					